

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		(1)				
14		2				
15		(1)				
16		2				
17		2				
18		2				
19		2				
20		2				
21		2				
22		(1)				
23		(1)				
24		(1)				
25		(1)				
26		2				
27	1					
28		2				
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	44					
TOTAL CLAIMS	46					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						